

*Effective for residents who enter training on or after July 1, 2021.*

## **DEFINITION**

Geriatric Psychiatry is a branch of medicine and subspecialty of Psychiatry concerned with the assessment, diagnosis, and treatment of complex mental disorders occurring later in life.

## **GERIATRIC PSYCHIATRY PRACTICE**

Geriatric psychiatrists provide care for older adults with early onset psychiatric disorders complicated by significant medical and mental health co-morbidity and/or neurocognitive issues; older adults with late onset psychiatric disorders with or without co-morbidity; older adults with neurocognitive disorders; and patients of any age with early onset neurodegenerative disorders and psychiatric co-morbidity. These patients may be frail, marginalized, vulnerable, or isolated, and may have difficulties with access to care.

Geriatric psychiatrists perform comprehensive assessments of older adults for psychiatric, physical, cognitive, functional, and social issues. They develop biopsychosocial formulations, which lead to a diagnosis and a management plan. These plans may include psychotherapy, psychopharmacologic interventions, neurostimulation, symptom-focused or goals-focused palliative support, and education for the patient and family<sup>1</sup>. Patients receive short-term or longitudinal care after an initial consultation, as appropriate to their needs. Geriatric psychiatrists assess and manage safety risks related to mental health, such as suicide risk, medical co-morbidities and frailty, ability to live independently, and driving. They perform assessments of capacity for patients with complex issues or situations, and make recommendations based on the outcomes of the assessment and relevant legislation.

Geriatric psychiatrists contribute to shared decision-making with patients and their families in collaboration with a variety of medical disciplines, including family physicians, geriatricians, and general psychiatrists. In order to deliver optimal mental health care, geriatric psychiatrists work closely in teams that may include nurses, social workers, rehabilitation specialists, pharmacists, psychologists, dieticians and other health professionals, and service providers.

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<sup>1</sup> *Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.*

Older adult mental health care occurs across a continuum of settings, which include community mental health services that provide outreach to a person's home; assisted living and long-term care facilities; acute care hospitals providing both inpatient and ambulatory care; tertiary mental health services that provide specialized inpatient care; psychosocial rehabilitation; and rural and remote settings through the use of telehealth. The work setting of a geriatric psychiatrist may be any combination of the above, depending on local resources. Geriatric psychiatrists may be affiliated with academic settings or work in small urban centres independent of a university program.

## ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Royal College certification in Psychiatry.

**OR**

Eligibility for the Royal College examination in Psychiatry.

**OR**

Registration in a Royal College-accredited residency program in Psychiatry. (See requirements for these qualifications.)

A maximum of one year of training may be undertaken during concurrent training for certification in Psychiatry.

## ELIGIBILITY REQUIREMENTS FOR EXAMINATION<sup>2</sup>

All candidates must be Royal College certified in Psychiatry in order to be eligible to write the Royal College examination in Geriatric Psychiatry.

## GERIATRIC PSYCHIATRY COMPETENCIES

### Medical Expert

#### **Definition:**

As *Medical Experts*, geriatric psychiatrists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

**Key and Enabling Competencies: Geriatric psychiatrists are able to...**

#### **1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Geriatric Psychiatry

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<sup>2</sup> These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

## GERIATRIC PSYCHIATRY COMPETENCIES (2021)

- 1.3. Apply knowledge of the clinical, socio-behavioural, and biomedical sciences relevant to Geriatric Psychiatry
  - 1.3.1. Normal and abnormal biological, psychological, functional, and cognitive aspects of aging
  - 1.3.2. Etiology, symptoms, course of illness, and treatment of the following:
    - 1.3.2.1. Neurocognitive disorders (dementias), including those due to Alzheimer's disease, vascular disease, Lewy body disease, frontotemporal lobar degeneration, and mixed etiologies
      - 1.3.2.1.1. Behavioural disturbances in neurocognitive disorders, also known as behavioural and psychological symptoms of dementia (BPSD), neuropsychiatric symptoms, and responsive behaviours
    - 1.3.2.2. Delirium
    - 1.3.2.3. Bipolar disorders and depressive disorders
    - 1.3.2.4. Anxiety disorders, obsessive-compulsive and related disorders, and trauma- and stressor-related disorders
    - 1.3.2.5. Adjustment disorders
    - 1.3.2.6. Complicated bereavement
    - 1.3.2.7. Movement disorders, both resulting from degenerative brain conditions and secondary to side effects of pharmacotherapy
    - 1.3.2.8. Neurodevelopmental disorders, including intellectual disabilities
    - 1.3.2.9. Personality disorders
    - 1.3.2.10. Psychiatric disorders secondary to medical conditions
    - 1.3.2.11. Psychiatric sequelae of medical illnesses and treatments
    - 1.3.2.12. Schizophrenia, delusional disorder, and other psychotic disorders
    - 1.3.2.13. Sleep-wake disorders
    - 1.3.2.14. Somatic symptom and related disorders
    - 1.3.2.15. Substance use disorders
  - 1.3.3. Principles of the diagnosis and management of the older adult with
    - 1.3.3.1. Frailty
    - 1.3.3.2. Mobility issues
      - 1.3.3.2.1. Falls
      - 1.3.3.2.2. Effects of immobility
    - 1.3.3.3. Pain
    - 1.3.3.4. Interacting co-morbidities
    - 1.3.3.5. Palliative and end-of-life care needs

- 1.3.4. Pharmacology for the older adult
    - 1.3.4.1. Appropriate choice of medications
    - 1.3.4.2. Medication reconciliation
    - 1.3.4.3. Pharmacokinetic and pharmacodynamic changes that occur with aging
    - 1.3.4.4. Adverse drug effects, including drug-drug and drug-disease interactions
    - 1.3.4.5. Appropriate prescription of drugs, including their impact on frailty, life-expectancy, and co-morbidities
  - 1.3.5. Psychotherapeutic constructs: individual, family, and group
  - 1.3.6. Principles of interventions to minimize risk<sup>3</sup> of harm to self and others
    - 1.3.6.1. De-escalation techniques
    - 1.3.6.2. Use of least restraint
  - 1.3.7. Neurostimulation as treatment in older adults
  - 1.3.8. Mental health legislation and regulations as they pertain to older adults, including provincial/territorial variations in these regulations
  - 1.3.9. Principles of capacity determination in multiple domains, including the older adult's ability to consent to health care treatment, manage finances and property, and make decisions regarding personal care/shelter and/or designate a power of attorney
  - 1.3.10. Principles of the recognition and appropriate reporting of elder abuse
  - 1.3.11. Signs, symptoms, and prevention of caregiver burnout
  - 1.3.12. Systems of mental health care and delivery, community resources, institutions, services, and alternative living environments available for older adults
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
  - 1.5. Carry out professional duties in the face of multiple competing demands
  - 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in geriatric psychiatry practice
- 2. Perform a patient-centred clinical assessment and establish a management plan**
- 2.1. Prioritize issues to be addressed in a patient encounter
    - 2.1.1. Identify and appropriately respond to urgent and emergent situations arising in patient care

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<sup>3</sup> Throughout this document, "risk" refers to risk of harm to self and others.

## GERIATRIC PSYCHIATRY COMPETENCIES (2021)

- 2.1.2. Triage referrals based on relevance for subspecialized care
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
  - 2.2.1. Elicit a history, including for patients who present with receptive and/or expressive communication problems, cognitive or sensory impairment, or behaviour disturbance
  - 2.2.2. Gather collateral information from other sources
  - 2.2.3. Perform a mental status examination, including a cognitive assessment
  - 2.2.4. Perform a focused physical and neurological examination relevant to the presentations, including an assessment for the presence of movement disorders
  - 2.2.5. Elicit a social history, including family and caregiver issues
  - 2.2.6. Select medically appropriate investigations in a resource-effective and ethical manner, including
    - 2.2.6.1. Medical investigation or consultation in psychiatric patients with co-morbid medical conditions
    - 2.2.6.2. Structured cognitive assessment tools, as required for complete assessment of the patient
    - 2.2.6.3. Neuropsychological investigations
    - 2.2.6.4. Neuroimaging
  - 2.2.7. Assess capacity, including in the domains of consent to health care treatment, manage finances and property, and make decisions regarding personal care/shelter and/or designate a power of attorney
  - 2.2.8. Interpret results of investigations and medical imaging examinations
  - 2.2.9. Assess suitability for treatments and therapies relevant to Geriatric Psychiatry, including psychopharmacological, neurostimulation, and psychotherapeutic treatments
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, enhancing quality of life, and palliation
  - 2.3.1. Identify and discuss the need for advance care plans
  - 2.3.2. Facilitate discussions regarding palliation, end-of-life care, and medical assistance in dying (MAID)
- 2.4. Establish a patient-centred management plan for
  - 2.4.1. Patients in crisis or in emergent or urgent situations
  - 2.4.2. Patients with acute and chronic conditions in any setting, including

- 2.4.2.1. Acute care hospitals
- 2.4.2.2. Assisted living or long-term care facilities
- 2.4.2.3. Outpatient facilities

- 2.4.3. Monitoring the evolution of the condition
- 2.4.4. Rehabilitation and/or optimization of functional status
- 2.4.5. Management of safety risks
- 2.4.6. Management of behaviour and psychological symptoms in dementia

### **3. Plan and deliver therapies for the purpose of assessment and/or management**

- 3.1. Determine the most appropriate therapies
  - 3.1.1. Psychopharmacological treatments
  - 3.1.2. Neurostimulation, including electroconvulsive therapy (ECT)
  - 3.1.3. Psychotherapeutic treatments
  - 3.1.4. Interventions to minimize risk
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed therapy
  - 3.2.1. Obtain informed consent for therapies from the capable older adult or substitute decision-maker
- 3.3. Prioritize therapies, taking into account clinical urgency and available resources
- 3.4. Deliver therapies in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
  - 3.4.1. Psychopharmacological treatments
  - 3.4.2. Psychotherapeutic treatments
  - 3.4.3. De-escalation techniques
  - 3.4.4. Use of chemical and/or physical restraints

### **4. Establish plans for ongoing care and, when appropriate, timely consultation**

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
  - 4.1.1. Assess and manage treatment adherence
  - 4.1.2. Assess and manage side effects of psychopharmacological, neurostimulation, and psychotherapeutic treatments
  - 4.1.3. Arrange follow-up care and ensure that patients and their families are informed of the follow-up plan

- 4.1.4. Identify and appropriately respond to issues related to long-term illness and rehabilitation
  - 4.1.5. Ensure patients receive appropriate end-of-life care
- 5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**
- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
  - 5.2. Adopt strategies that promote patient safety and address human and system factors
    - 5.2.1. Apply best practices for safe care of older adults, including
      - 5.2.1.1. Use of least restraint
      - 5.2.1.2. Fall prevention

## **Communicator**

### ***Definition:***

As *Communicators*, geriatric psychiatrists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

### ***Key and Enabling Competencies: Geriatric psychiatrists are able to...***

- 1. Establish professional therapeutic relationships with patients and their families**
- 1.1. Communicate using a patient-centred approach that encourages patient and family trust and autonomy and is characterized by empathy, respect, and compassion
    - 1.1.1. Recognize and respond to boundary issues
  - 1.2. Optimize the physical environment for patient and family comfort, dignity, privacy, engagement, and safety
  - 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
    - 1.3.1. Recognize transference and countertransference towards older adults and the aging process
    - 1.3.2. Identify factors influencing older adult patients' reactions to the psychiatrist and other health professionals
  - 1.4. Respond to a patient's non-verbal behaviours to enhance communication
    - 1.4.1. Recognize and respond to non-verbal cues, including in patients with cognitive impairment, sensory impairment, pain, delirium, and/or behavioural disturbances

- 1.5. Manage disagreements and emotionally charged conversations
  - 1.6. Adapt to the unique needs and preferences of each patient and the patient's family, and to each patient's clinical condition and circumstances
    - 1.6.1. Adapt the clinical encounter to the setting, including community settings and long-term care homes
    - 1.6.2. Adapt communication, as required, for both direct and indirect care<sup>4</sup>
    - 1.6.3. Adapt communication for patients with cognitive impairment, sensory impairment, pain, delirium, and/or behavioural disturbances
- 2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**
- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
  - 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
  - 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with appropriate consent
- 3. Share health care information and plans with patients and their families**
- 3.1. Share information and explanations that are clear, accurate, and timely, with consent, while assessing for patient and family understanding
    - 3.1.1. Convey information about diagnosis, prognosis, and/or management plan clearly and compassionately
  - 3.2. Disclose harmful patient safety incidents to patients and their families
- 4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**
- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
    - 4.1.1. Recognize, respect, and respond appropriately to cultural issues relevant to older adults
  - 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
  - 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

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<sup>4</sup> Throughout this document, the terms "indirect care" and "indirect consultation" refer to providing medical advice to another health care professional about a patient's care, typically by telephone, without having direct interaction with the patient.



**5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality
  - 5.3.1. Respect patient privacy, applying knowledge of provincial/territorial legislation governing confidentiality of patient information, and judge the appropriate extent of information to be shared when multiple agencies are involved

**Collaborator**

***Definition:***

As *Collaborators*, geriatric psychiatrists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

***Key and Enabling Competencies: Geriatric psychiatrists are able to...***

**1. Work effectively with physicians and other colleagues in the health care professions**

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
  - 1.1.1. Work with community agency professionals, other community resource personnel, primary care providers in a shared care model, and/or other medical specialties as part of the extended health care team
  - 1.1.2. Respect the roles of family members and caregivers of older adults as important members of the health care team
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
  - 1.2.1. Demonstrate understanding of the roles and responsibilities of the geriatric mental health care team in all settings of care
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
  - 1.3.1. Provide effective direct and indirect consultation

- 2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**
  - 2.1. Show respect toward collaborators
  - 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
  
- 3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**
  - 3.1. Determine when care should be transferred to another physician or health care professional
    - 3.1.1. Provide emergent/urgent medical assistance for patients, arranging for referral and/or transport to an appropriate medical facility
  
  - 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
    - 3.2.1. Ensure risk management plans are clearly communicated at times of transition

## **Leader**

### ***Definition:***

As *Leaders*, geriatric psychiatrists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

### ***Key and Enabling Competencies: Geriatric psychiatrists are able to...***

- 1. Contribute to the improvement of health care delivery in teams, organizations, and systems**
  - 1.1. Apply the science of quality improvement to systems of patient care
  - 1.2. Contribute to a culture that promotes patient safety
  - 1.3. Analyze patient safety incidents to enhance systems of care
  - 1.4. Use health informatics to improve the quality of patient care and optimize patient safety
  
- 2. Engage in the stewardship of health care resources**
  - 2.1. Allocate health care resources for optimal patient care
    - 2.1.1. Consider patient and family factors and preferences when making decisions regarding allocation of resources, including interventions to avoid futile or unnecessary care

2.2. Apply evidence and management processes to achieve cost-appropriate care

**3. Demonstrate leadership in health care systems**

3.1. Demonstrate leadership skills to enhance health care

- 3.1.1. Apply knowledge of the structure and function of the health care system as it relates to the comprehensive care of older adults, including the various settings for health care delivery and the roles of physicians
- 3.1.2. Act as an expert resource on administrative, legal, and ethical issues pertaining to health care systems for older adults
- 3.1.3. Plan and manage mental health care services for older adults

3.2. Facilitate change in health care to enhance services and outcomes

**4. Manage career planning, finances, and health human resources in personal practice(s)**

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
- 4.3. Implement processes to ensure personal practice improvement

**Health Advocate**

***Definition:***

As *Health Advocates*, geriatric psychiatrists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

***Key and Enabling Competencies: Geriatric psychiatrists are able to...***

**1. Respond to an individual patient's health needs by advocating for the patient within and beyond the clinical environment**

- 1.1. Work with patients and families to address determinants of health that affect them and their access to needed health services or resources
  - 1.1.1. Identify a patient's determinants of health
  - 1.1.2. Assess the patient's ability to access required medical and support services
  - 1.1.3. Facilitate access to relevant health care services and community resources
  - 1.1.4. Identify cultural factors that may influence access to health care and resources
  - 1.1.5. Recognize and address stigmatization associated with aging and mental illness

- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

**2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

- 2.1. Work with a community or population to identify the determinants of health that affect them
  - 2.1.1. Identify public policies at local, provincial/territorial, and national levels that affect the health of older adults and their families, either positively or negatively
  - 2.1.2. Identify relevant advocacy groups at local, provincial/territorial, and national levels
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve

**Scholar**

***Definition:***

As *Scholars*, geriatric psychiatrists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

***Key and Enabling Competencies: Geriatric psychiatrists are able to...***

**1. Engage in the continuous enhancement of their professional activities through ongoing learning**

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
  - 1.2.1. Ensure breadth of knowledge through awareness of pertinent literature in relevant related disciplines
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

**2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

**3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
  - 3.3.1. Evaluate the applicability of research based on younger adults to the older adult population, recognizing that limitations exist in the available literature specific to the older adult
- 3.4. Integrate evidence into decision-making in their practice

**4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
  - 4.4.1. Conduct scholarly work, including research, quality assurance, and/or educational initiatives
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

## Professional

### **Definition:**

As *Professionals*, geriatric psychiatrists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

### **Key and Enabling Competencies: Geriatric psychiatrists are able to...**

#### **1. Demonstrate a commitment to patients and families by applying best practices and adhering to high ethical standards**

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
  - 1.3.1. Capacity
  - 1.3.2. Involuntary treatment and hospitalization
  - 1.3.3. Impact of mandatory reporting
  - 1.3.4. Medical assistance in dying (MAID)
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

#### **2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**

- 2.1. Demonstrate accountability to patients, families, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

#### **3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
  - 3.1.1. Apply health care and other regulations, including provincial/territorial or federal legislation, pertaining to
    - 3.1.1.1. Capacity
    - 3.1.1.2. Substitute decision-making and documentation of advance directives and goals of care
    - 3.1.1.3. Privacy and confidentiality

## GERIATRIC PSYCHIATRY COMPETENCIES (2021)

- 3.1.1.4. Duty to warn
- 3.1.1.5. Mandatory and discretionary reporting, including driving restrictions, reportable infections, and elder abuse/neglect
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting
- 4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**
  - 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
    - 4.1.1. Demonstrate an awareness of and manage one's own reactions when caring for patients
  - 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
  - 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Geriatric Psychiatry by December 31, 2022.

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*Approved – Specialty Standards Review Committee – January 2020*  
*Finalized – Specialty Committee and Office of Specialty Education – February 2020*